Application No.: 10/801,671

Examiner: Maryam MONSHIPOURI

Filed: March 17, 2004

Group Art Unit: 1652

Inventor: Chunhua YAN

Attorney Docket No.: CL00758DIV-II

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	TOTAL CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	56	MINUS	23	33	x \$18	\$ 594.00
INDEP. CLAIMS	6	MINUS	6	= 0	x \$88	\$ 0.00
Fee for Mu	ultiple Dependent cla	ims= \$300				\$300.00
			TOTAL ADDITION FOR THIS AMENI			\$ 894.00

ſ	7	Verified Statement claiming small entities	by status is enclosed	if not filed	nreviously
L		A citizen prateriour cramming aman citizen	iy status is chcioscu	, 11 1101 11160	previously.

A check in the amount of \$\_ \_is enclosed.

 $\boxtimes$ Charge the amount of \$ 894.00 to Deposit Account No. 50-0970 to cover the additional claims

fee. A duplicate copy of this sheet is enclosed.

1

PAGE 3/9 \* RCVD AT 3/7/2005 12:39:12 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/27 \* DAYS:2730932 \* CSID: \* DURATION (mm-65):02-26

22

Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 50-0970 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-0970. A duplicate copy of this paper is enclosed.
Charge the amount of \$_ to Deposit Account No. 50-0970 to cover the Extension fee for response within months. A duplicate copy of this sheet is enclosed.
Charge the amount of \$ to Deposit Account No. 50-0970 to cover the Information Disclosure Statement fee. A duplicate copy of this sheet is enclosed.
Respectfully submitted,
CELERA GENOMICS
By:

Reg. No. 43,704

Date: October 7, 2004

Celera Genomics Corporation 45 West Gude Drive, C1-1#316 Rockville, MD 20850 Tel: 240-453-3812

Fax: 240-453-3084